

Professional Licensing Agency  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



Michael R. Pence  
Governor of Indiana  
Nicholas W. Rhoad  
PLA Executive Director

### Doctor of Veterinary Medicine Renewal Form

Your license as a veterinarian in the state of Indiana expires on October 15 of odd years. You may renew your license online at [www.pla.in.gov](http://www.pla.in.gov). To renew by mail, please complete this form in its entirety and submit it with the renewal fee of \$100 to the office address shown in the above left corner. **Include a \$50 late fee if postmarked after your license expiration date.** Allow at least 4 weeks for the processing of this paper form. If you answer 'Yes' to questions 1-5 include a detailed statement regarding the response along with this form.

#### LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

Licensee Name	License Number	CE Hours Required	Expiration Date	Renewal Fee
Street Address				
City	State	Zip Code		
Phone Number	Email Address			

#### QUESTIONS

1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### INACTIVE STATUS

Do you want to put your license in inactive status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The fee and CE requirements are waived for inactive status, but you must answer all questions above and sign and date below. A veterinarian may not maintain an office or otherwise practice veterinary medicine in the state of Indiana on inactive status.		

#### LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your licensure, including CE requirements and name change requests or email the Board at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

#### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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